

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/ 583 432

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1 2				
4		2				
5		1 ①				
6		② 1				
7		1 ④				
8		④ 1				
9		1 ④				
10		④ 1				
11		1 ④				
12	1					
13		1				
14		1 2				
15		④ 1				
16		1 ④				
17		④ 1				
18		④ 1				
19		④ 1				
20		④ 1				
21		④ 1				
22		1 ④				
23		④ 1				
24	1					
25		1 2				
26		④ 1				
27		1 ④				
28	1					
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48						
49						
50						
TOTAL IND.	4	↓	↓	↓	↓	
TOTAL DEP.	24	←	←	←	←	
TOTAL CLAIMS	28					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						